

## **Registration Check List**

### **2010 KANSAS ARCHEOLOGY TRAINING PROGRAM FIELD SCHOOL**

Please use the included forms to register by May 1, 2010. Note that registration fees increase after that date. Each participant **must**

- ☐ Fill out a Registration Form.
- ☐ Fill out a Personal Health and Medical Summary.
- ☐ Sign and date the Attendance Agreement.
- ☐ Sign and date the Legal Release.
- ☐ Fill out the Scheduling Form. Note that the last Principles of Archeology class is given on Friday, June 18, and the last Orientation lecture is given on Saturday, June 19. Sunday is a wrap-up/pack-up day.

**If you will be accompanied by one or more minor(s), you must**

- ☐ Fill out the Sponsor Agreement and Medical Release for each minor and have each form notarized by a Notary Public.

If you are the minor's parent or legal guardian, you need only fill out the top part of the form.

If you are an unrelated sponsor (and not the minor's legal guardian), fill out only the bottom half of the form.

Membership in KSHS, Inc. or the KAA

You do not have to join KSHS, Inc. or the KAA, but the total enrollment cost is less if you do. If you want to join one (or both) of these organizations

- ☐ Fill out the membership form(s) in this packet.

KAA name badges are optional. If you want one,

- ☐ Mail name badge order forms and fees, no later than May 7 to:  
Anita Frank  
6362 SW 10<sup>th</sup> St  
Topeka, KS 66615-3807

**Final steps**

- ☐ Calculate your fees. (See the Fee Calculation section of the registration form.)
- ☐ Write the check(s). (You may need to write more than one check, depending on the membership option you choose; however, all payments to KAA may be combined into the same check.)
- ☐ Mail fees and forms (except those for name badges) to:  
Kansas Archeology Training Program  
6425 SW 6<sup>th</sup> Ave.  
Topeka, Kansas 66615-1099

**Questions? Call Virginia Wulfkuhle at 785-272-8681, extension 266,  
or send her an e-mail note at [vwulfkuhle@kshs.org](mailto:vwulfkuhle@kshs.org).**

### KSHS, Inc. MEMBERSHIP APPLICATION OR RENEWAL

Membership in the Kansas State Historical Society, Inc. is open to all upon application. Each year members receive four issues of the journal (*Kansas History*) and four issues of the news magazine (*Reflections*).

I am enclosing \$ \_\_\_\_\_ for my annual dues in the Kansas State Historical Society, Inc.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ 9 Digit Zip Code \_\_\_\_\_ - \_\_\_\_\_

Check the type of membership desired:

_____ Individual	\$40/1 year	_____ Household	\$50/1 year
_____ Individual	\$75/2 years	_____ Household	\$95/2 years

**Make checks payable to the Kansas State Historical Society, Inc.**

### KAA MEMBERSHIP APPLICATION OR RENEWAL

Membership in the Kansas Anthropological Association is open to all upon application. Each year the KAA publishes four issues of the *Newsletter* and one journal, *The Kansas Anthropologist*. Members also receive four issues of *Kansas Preservation*, the newsletter of the KSHS Cultural Resources Division. Annual events include an annual meeting in the spring and the Kansas Archeology Training Program field school.

I am enclosing \$ \_\_\_\_\_ for my annual (January-December) dues in the Kansas Anthropological Association.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ 9 Digit Zip Code \_\_\_\_\_ - \_\_\_\_\_

Check the type of membership desired:

_____ Individual	\$22	_____ Contributing	\$30
_____ Family	\$25	_____ Life	\$400
_____ Institutional	\$25	_____ Student (June-August)	\$5

**Make checks payable to the Kansas Anthropological Association.**

**Registration Form**  
**2010 KANSAS ARCHEOLOGY TRAINING PROGRAM FIELD SCHOOL**

Regular registration is due by **May 1, 2010**. The project fee increases if registration is postmarked after May 1. Fees will be refunded only if a cancellation request is postmarked by May 21. **Do not mail registration forms after May 26**; bring them with you to the project.

Membership in the Kansas Anthropological Association (KAA) and/or the Kansas State Historical Society, Inc. (KSHS, Inc.) allows you to register for a fee of \$20 per person by May 1 or \$30 after May 1. If you are not a current paid member, please enclose a completed membership application with applicable fees along with this registration form. If you do not wish to join the KAA or KSHS, Inc., the project fee is \$80 per person by May 1 or \$90 after May 1.

An individual under 18 years of age unaccompanied by parent or guardian must be a member and have an adult member sponsor. A sponsor agreement must be completed, notarized, and included with this form.

☐ Check here if first-time participant

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ 9-Digit Zip Code: \_\_\_\_\_ - \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ E-mail address: \_\_\_\_\_

Will you be attending with other family members? If yes, please list.

Name	Relationship	Age (if under 18 years old)

Vehicle make and model: \_\_\_\_\_ Color: \_\_\_\_\_ Tag number: \_\_\_\_\_

Lodging (circle):      Camping      Where? \_\_\_\_\_

                         Motel      Where? \_\_\_\_\_

                         Other      Where? \_\_\_\_\_

Emergency contact person: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

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**Fee Calculation**

I/my family is a member of the KAA and/or KSHS, Inc. My fees are \$20 or \$30 per person.

Number of persons listed on this form: \_\_\_\_\_ x \$20 (by May 1) /\$30 (after May 1) =  
\$ \_\_\_\_\_.

I do not wish to become a member of either organization. My fees are \$80 or \$90 per person.

Number of persons listed on this form: \_\_\_\_\_ x \$80 (by May 1)/\$90 (after May 1) =  
\$ \_\_\_\_\_.

**Make check for project fees payable to KAA.** Mail all fees and registration forms to:

Kansas Archeology Training Program  
6425 SW 6<sup>th</sup> Ave.  
Topeka, KS 66615-1099

### **Attendance Agreement** (required for registration)

Individually and on behalf of any family members and sponsored minors attending the Kansas Archeology Training Program (KATP) with me, I hereby pledge and agree:

To respect the rights of other participants, keep the camping area clean, and discourage and avoid disturbing other campers. To abide by the rules and codes of conduct of the KATP, to obey the instructions of the directors and other officials of the KATP, and to perform such archeological work and camp chores assigned to me/us by project officials. To care for and turn in all equipment, records, and supplies that do not belong to me/us; to collect and excavate archeological materials only when and where instructed by project officials; to keep records and controls on all archeological work; and to turn in all artifacts. To abide by the terms and conditions of all Kansas laws applicable to archeology and historic preservation.

I HAVE READ THE ABOVE AND AGREE TO ALL ITEMS:

Signature \_\_\_\_\_

Date \_\_\_\_\_

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### **Legal Release** (required for registration)

I hereby release the Kansas State Historical Society, the Kansas Anthropological Association, and the property owners from any and all liability for the safety and well being of me or members of my family while attending the 2010 Kansas Archeology Training Program field school. I/We will respect the rights and property of landowners and will not damage or destroy public or private property.

I approve the use by KAA and KSHS of any photographs of me or members of my family taken by the official photographers during scheduled activities for use in publications or publicity and promotional projects.

I HAVE READ THE ABOVE AND AGREE TO ALL ITEMS:

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Personal Health and Medical Summary**  
**2010 KANSAS ARCHEOLOGY TRAINING PROGRAM FIELD SCHOOL**

Name \_\_\_\_\_ Date of birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Telephone (\_\_\_\_)-\_\_\_\_-\_\_\_\_\_

Name of personal physician \_\_\_\_\_

Address \_\_\_\_\_ Telephone (\_\_\_\_)-\_\_\_\_-\_\_\_\_\_

Health insurance carrier \_\_\_\_\_ Policy # \_\_\_\_\_

In case of emergency, notify \_\_\_\_\_ Telephone (\_\_\_\_)-\_\_\_\_-\_\_\_\_\_

Second emergency contact \_\_\_\_\_ Telephone (\_\_\_\_)-\_\_\_\_-\_\_\_\_\_

Please check medical information, past and present. Explain any "yes" answers and provide all information needed for safe and full participation in the KATP field school.

**Allergies**

Food \_\_\_\_\_ yes \_\_\_\_\_ no

Medicines \_\_\_\_\_ yes \_\_\_\_\_ no

Animals \_\_\_\_\_ yes \_\_\_\_\_ no

Plants \_\_\_\_\_ yes \_\_\_\_\_ no

Insect bites \_\_\_\_\_ yes \_\_\_\_\_ no

Snakebite/antivenom \_\_\_\_\_ yes \_\_\_\_\_ no

Arthritis \_\_\_\_\_ yes \_\_\_\_\_ no

Asthma \_\_\_\_\_ yes \_\_\_\_\_ no

Cancer \_\_\_\_\_ yes \_\_\_\_\_ no

Explanations \_\_\_\_\_

Chest pain \_\_\_\_\_ yes \_\_\_\_\_ no

Convulsions/seizures \_\_\_\_\_ yes \_\_\_\_\_ no

COPD/emphysema \_\_\_\_\_ yes \_\_\_\_\_ no

Diabetes \_\_\_\_\_ yes \_\_\_\_\_ no

Heart disease \_\_\_\_\_ yes \_\_\_\_\_ no

Hemophilia \_\_\_\_\_ yes \_\_\_\_\_ no

Leukemia \_\_\_\_\_ yes \_\_\_\_\_ no

Recent surgery/hospitalization \_\_\_\_\_ yes \_\_\_\_\_ no

Transplant \_\_\_\_\_ yes \_\_\_\_\_ no

Other \_\_\_\_\_

Any reason to restrict full activity? \_\_\_\_\_ yes \_\_\_\_\_ no. List any conditions limiting full participation \_\_\_\_\_

Are you taking medication while attending the KATP field school? \_\_\_\_\_ yes \_\_\_\_\_ no. List medicines, including frequency and dosages \_\_\_\_\_

Will you be using any special equipment, such as orthopedic or handicap devices, glasses or contacts, dentures, etc.? \_\_\_\_\_ yes \_\_\_\_\_ no. List \_\_\_\_\_

Date of last tetanus injection \_\_\_\_\_. A current tetanus shot is strongly recommended for the KATP field school.

Signature \_\_\_\_\_ Date \_\_\_\_\_

(See reverse.)

**Sponsor Agreement and Medical Release**  
**2010 KANSAS ARCHEOLOGY TRAINING PROGRAM FIELD SCHOOL**

This form is required for persons under 18 years of age, unaccompanied by a parent or legal guardian. It must be completed, notarized, and included with the registration form.

**TO BE COMPLETED BY PARENT OR LEGAL GUARDIAN:**

I, \_\_\_\_\_, parent or guardian of  
\_\_\_\_\_, a minor, hereby release said minor while he/she is  
attending the 2010 Kansas Archeology Training Program field school. I hereby appoint  
\_\_\_\_\_ as the adult sponsor for this minor. The sponsor has  
agreed to assume this responsibility. In the event of an emergency, the sponsor named here has  
my permission to obtain medical treatment for said minor at the nearest hospital or doctor's office,  
at my expense, if our own doctor is not readily available.

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 2010.

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Notary Public in and for the State of \_\_\_\_\_

**TO BE COMPLETED BY THE SPONSOR:**

I, \_\_\_\_\_ have been appointed adult sponsor of  
\_\_\_\_\_, a minor, by his/her parent or guardian,  
\_\_\_\_\_. I hereby agree to this appointment and further agree to  
assume the responsibility of said minor at the 2010 Kansas Archeology Training Program field  
school.

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 2010.

\_\_\_\_\_  
Signature of sponsor

\_\_\_\_\_  
Notary Public in and for the State of \_\_\_\_\_

## Scheduling Form

Staff needs the following information to develop a detailed schedule of assignments. All participants must attend a one-hour orientation session; in addition, first-time participants must take the two-hour Principles of Archeology class. **Monday, June 7, is the first day of fieldwork for first-time participants.** For each morning and afternoon that you plan to take part, specify on the chart below if you want to work in the field, work in the lab, or attend a class. (Do not enroll in a formal class unless you can attend all sessions.) We will try to fill your requests, but fluctuations in attendance may necessitate alternate assignments. Changes are permitted but should be arranged at the NLES headquarters as early as possible. Check-in times for field or lab are 8 AM and 1 PM. If you are late, your place may be reassigned. Children between the ages of 10 and 14 must work with a parent or sponsoring adult at all times. **Complete one form for each participant.**

Name \_\_\_\_\_ Age (if under 18 yrs old): \_\_\_\_\_

Telephone number \_\_\_\_\_ E-mail address \_\_\_\_\_

Do you need to be placed with or near a specific individual? If yes, who? \_\_\_\_\_

Are you enrolled in the KAA certification program?\_\_\_\_Yes/No

If yes, do you need an opportunity to fulfill a mapping requirement? \_\_\_\_Yes/No

[illegible]

## PERMANENT KAA NAME BADGES



Permanent name badges are a **recommended** item for participants in the Kansas Archeology Training Program field school. The badge is red plastic with engraved white lettering and a pin back.

The cost is \$6.00 each. **Complete one order form for each badge ordered.** Badges will be available for pick up at the field school registration table at Neodesha High School.

Name (as you wish it to appear on badge) \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Make checks payable to the Kansas Anthropological Association.**

**Mail orders to Anita Frank**  
6362 SW 10<sup>th</sup> St  
Topeka KS 66615-3807

**Orders not in Anita's hands by May 7, 2010, cannot be filled in time for field school.**  
**This order form is valid only through June 2010.**

## Silent Auction

A silent auction will be held during the field school to enrich the KAA endowment funds. Each participant is invited to join in by contributing an item for the auction and/or placing bids on the donations.

If you want to donate auction items, please fill out a bid form (printed on the following page) for each item. Bring your item(s) and bid form(s) to the field school check-in table at Neodesha High School.

Items will be on display throughout the field school, and bidding will conclude and items awarded at the resumé.



# KAA Silent Auction Bid Form

**Item w/brief description:** \_\_\_\_\_

**Donor:**

**Minimum Bid:**

Name \_\_\_\_\_

**Bid**

# KAA Silent Auction Bid Form

Item w/brief description: \_\_\_\_\_

**Donor:**

**Minimum Bid:**

Name

**Bid**